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An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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HOME ACCIDENT PREVENTION

Strategy &
Action Plan
2004 - 2009



Investing
for Health

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CHAPTER 1

WHY WE NEED A STRATEGY

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WHY WE NEED A STRATEGY

Introduction

1.1 Accidents can take place in a wide variety of environments, however, the home is the most likely location. Home accidents are a major cause of death and injury and contribute substantially to potential years of life lost.

1.2 In relation to home accidents, a “home” is categorised as any type of house (including a farm, block of flats or caravan) together with its garden, yard, driveway, path, steps and boundaries. It need not be the home of the injured person. A “home” also includes any permanent or voluntary institution, such as a home for older people or student hall, but not a temporary or non-voluntary institution, such as a hotel, boarding house, hospital, nursing home or prison.

Background

1.3 The Northern Ireland Executive, in its Programme for Government-Making a Difference 2002-2005 under the theme “Working for a Healthier People”, gave a commitment to promoting public safety by reducing the number of injuries and deaths caused by accidents at home, at work and on the road.

1.4 The *Investing for Health* Strategy, published in March 2002, provides the framework for the Government’s approach to improve health and wellbeing and reduce health inequalities. It identifies the need to reduce accidental injuries

and deaths, and gives a commitment to develop a Home Accident Prevention Strategy.

1.5 A draft Strategy and Action Plan, prepared by an Inter-sectoral Working Group, was issued for public consultation in January 2003. Responses to the consultation were received from a number of sources including the housing sector, local councils, the voluntary and community sectors, the Fire Service and those representing the Health & Personal Social Services. The majority of respondents welcomed this initiative and the responses have helped the Working Group to further develop the Strategy.

1.6 Other policies and strategies already underway or planned have relevance to this Strategy and will help to reduce home accidents. Examples of these include the Tobacco Action Plan, Drugs, Alcohol, Physical Activity, and Children and Young People Strategies.

Types of Home Accident

1.7 There are three main categories of home accident:

- **impact accidents** including falls, being hurt by falling objects and general ‘bumping into’ type accidents;
- **heat accidents** including burns and scalds; and
- **through mouth and foreign body accidents** including accidental poisonings, suffocation,

choking and objects in the eye/ear/nose¹.

THE PROBLEM

1.8 Evidence shows that *accidental deaths* in the home are most commonly caused by falls, fire and flames, and poisoning². The principal causes of *accidental injury* in the home are falls, being struck by or collision with an object, being cut or pierced by an object, burns, scalds and poisoning³.

1.9 **Falls** are the predominant cause for admission to hospital for both children and older people. They are also one of the most common reasons given for admission of older people into residential care. A recent Fall Support Programme in North & West Belfast for older people recorded almost two thirds of those assessed had at least one previous fall, and nearly 40% of patients reported a loss of confidence after a fall⁴.

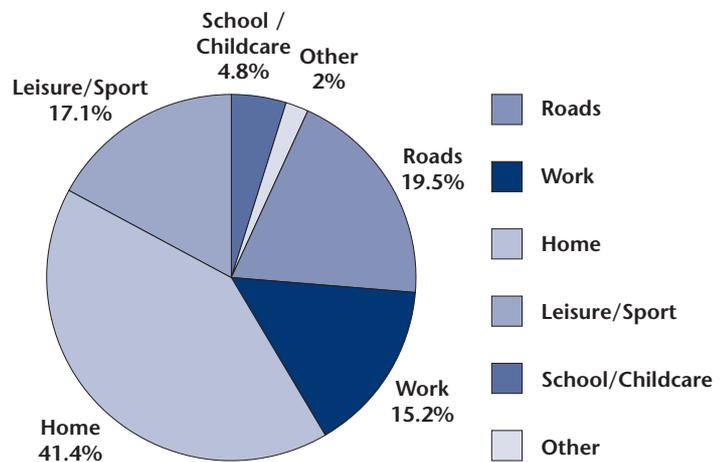
1.10 **Fire** related deaths and injuries occur across all ages. Burn injuries can cause life long scars requiring long-term medical treatment usually resulting in years of physical, psychological and occupational therapy.

1.11 **Accidental poisoning** affects all ages. In children it peaks between 1-4 years and is primarily a result of ingesting medicines and household products. Older people are more susceptible through poor management of medication and

carbon monoxide poisoning.

1.12 A recent survey³ of 16 Accident and Emergency (A&E) departments in Northern Ireland found that more accidents occurred inside the home (41.4%) than at work (15.2%) and on the roads (19.5%) put together (Figure 1);

Figure 1. Injury Location



The survey also found that:

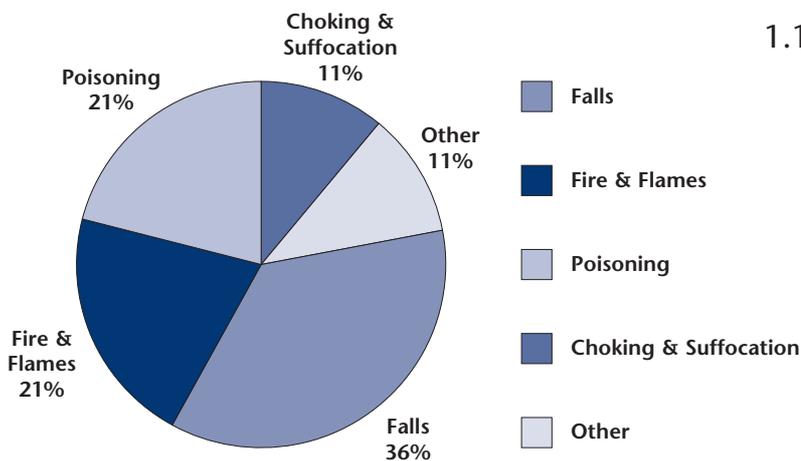
- 66% of home accidents occurred inside the home and 34% occurred directly outside the home i.e. in the garden, yard, driveway, path and steps and boundaries;
- 39.2% of home accidents involved children aged 0-15 years;
- 19.4% occurred in the under-5 years age group;
- 24.3% of home accidents involved adults in the 25-44 age range;
- 11.9% of home accidents involved those aged over 65 years;

- almost half of all home accidents occurred by either a fall on the same level or being struck by an object;
- almost half of those injured as a result of a fall were under 10 years or over 65 years;
- scalds and poisoning caused the most severe injuries in the under-five age group.

1.13 In 2000, 75 deaths (Figure 2) were attributable to accidents in the home – of which:

- 27 were due to falls (15 were people aged 65 and over);
- 16 were due to fire and flames;
- and
- 16 were due to poisoning².

Figure 2. Cause of Deaths from Accidents in the Home



1.14 In 2000-2001, there were 9,042 hospital admissions resulting from injuries received in home accidents⁵.

ECONOMIC COSTS OF ACCIDENTS

1.15 The cost of home accidents is high

in terms of the number of lives lost and resulting permanent disabilities. It is also high in other ways. It is estimated that there is an average of over 70 deaths and 72,300 injuries per annum (1,300 very serious, 19,000 serious and 52,000 slight). This is equivalent to 1,820 Potential Years of Life Lost (PYLLs) (819 by accidental poisoning, 574 by fire & 427 from falls. 307 PYLLs (17%) affect under 18 year olds). It is also estimated a total of 83,000 working days are lost each year, which equates to £7.6 million in lost productivity. The cost to the Department of Health, Social Services and Public Safety (DHSSPS) and to the economy is estimated to be £78 million and £80 million per annum respectively.

1.16 The benefits of prevention are clear and quantifiable in terms of health and economic costs:

- potential to save lives;
- improved quality of life;
- reduction in the cost of hospital care;
- reduction in the cost of continued community support required after hospital discharge; and
- improved productivity through people's contribution to the economy.

INEQUALITIES

1.17 Home accidents occur in all socio-economic groups and ages, but some types of accidents are linked to those in the lower socio-

economic groups and to particular age groups. Research suggests that:

- the social class gradient is steepest for fire deaths, the risk of fire related death for a child in social class V (unskilled) is 16 times that of children in social class I (professional)⁶;
- alcohol is a contributory factor to deaths from accidents, which also show a pronounced socio-economic gradient⁷;
- residential areas with higher proportions of lower social class and lower income households have higher accident rates⁸;
- those injured by home accidents are more likely to be resident in households where the chief income earners are housewives, unemployed or retired³;
- home accidents have been identified as a hazard for Travellers⁹.

EQUALITY

1.18 Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status, sexual orientation, gender, disability and persons with dependants or without. DHSSPS has identified home accident prevention as a new policy requiring Equality Impact Assessment (EQIA). An EQIA was developed and is included as Annex 1.

1.19 The New Targeting Social Need (New TSN) policy aims to tackle poverty and exclusion by targeting the efforts and available resources of public agencies towards the people, groups and areas objectively defined as being in greatest social need. New TSN includes a special focus on tackling the problems of unemployment, but also targets inequalities in health, housing, education and other policy areas. Paragraph 1.17 highlights the link between some types of home accidents and those in the lower socio-economic groups. The development of a Home Accident Prevention Strategy is therefore included in the DHSSPS New TSN Action Plan 2003-2004. Subsequent New TSN Action Plans will monitor and report progress of actions set out in the Strategy to reduce the incidence of home accidents in the lower socio-economic group categories.

1.20 The Human Rights Act 1998 came fully into force in October 2000. It provides additional focus and emphasis to the rights and freedoms of individuals guaranteed under the European Convention on Human Rights. There are some 18 Convention rights and protocols which range from the Right to Life to the Right to Education. The Act requires legislation, wherever enacted, to be interpreted as far as possible in a way which is compatible with the Convention rights; makes it unlawful for a public authority to act incompatibly with the Convention rights; and, if

it does, allows a case to be brought in a court or tribunal against the authority. DHSSPS will ensure that the Home Accident Prevention Strategy is compatible with the Human Rights Act.

1.21 **Chapter 2** describes the aim of the Strategy, **Chapter 3** outlines an Action Plan to support home accident prevention and **Chapter 4** sets out how the Strategy will be taken forward. **Annex 1** outlines the EQIA, **Annex 2** outlines the responsibilities of the organisations with a role to play and **Annex 3** provides useful contacts.

CHAPTER 2 THE STRATEGY'S AIM

CHAPTER 2

THE STRATEGY'S AIM

- 2.1 The overall aim is:
"To reduce the number of accidental deaths and injuries in the home."
- 2.2 It is recognised that this aim will take time to achieve and therefore this 5 year Plan represents only the first phase of a long-term strategy to increase people's awareness of the dangers and to highlight ways to prevent home accidents. In addition, the aim will only be realised through an integrated partnership approach including statutory, voluntary and community sectors.

OBJECTIVES OF THE STRATEGY

- 2.3 The key objectives are:
- to reduce home accidents, particularly in those most at risk;
 - to raise awareness of the causes of home accidents and promote effective preventative measures to reduce such accidents;
 - to promote and facilitate effective training, skills and knowledge in home accident prevention across all relevant organisations, groups and individuals.
- 2.4 These objectives will be met through integrated and effective approaches including:
- education and information programmes to promote home safety, and promote a change in public behaviour towards home accident prevention; and
 - the use of evidence based practice, models of good practice, and by evaluating home accident prevention initiatives.

OUTCOMES

- 2.5 If successful, implementation of this strategy will lead to a reduction in the number of home accidents and contribute to the outcome "reduction in preventable deaths and diseases and improvement in wellbeing" set out in the *Northern Ireland Priorities and Budget 2004-2006*.

VALUES AND PRINCIPLES

- 2.6 The Strategy adopts the values and principles set out in *Investing for Health*. These include:
- health as a fundamental human right;
 - actively pursuing equality of opportunity and the promotion of social inclusion;
 - reducing social inequalities;
 - encouraging community involvement; and
 - maximising opportunities for individuals, families and communities to protect and improve their own health.

PRIORITIES

- 2.7 Improving the health of the entire population and reducing health inequalities are the main aims of *Investing for Health*. Accidents in the home are a major cause of death, and injuries ensuing from home accidents can have a major long-term impact on health. Reducing the number of accidents will save lives and reduce disability.
- 2.8 While this Strategy is aimed at the

population as a whole, Chapter 1 highlights that there is a strong association between poverty and the likelihood of injury in the home and that particular age groups are more at risk³. It will therefore be important to target the socially disadvantaged, children and older people. In addition, those with a disability or from a black and minority ethnic community have particular requirements in accessing information, advice and services and these must also be addressed.

Source: General Register Office; Mid Year Population Estimates; Census of Population data.

TARGETS

2.9 *Investing for Health* sets two targets relating to accidental death and injuries:

- (i) to reduce the death rate from accidents in people of all ages by at least one fifth between 2000 and 2010; and
- (ii) to reduce the rate of serious injuries from accidents in people of all ages by at least one tenth between 2000 and 2010.

2.10 The following targets, which have been developed to help achieve the *Investing for Health* targets, will be used to measure the overall aim of the Home Accident Prevention Strategy:

- (i) **To reduce the death rate from home accidents for all ages by 15% ie to 3.9 deaths per 100,000 in 2009.**
Baseline: 4.6 deaths per 100,000 in 2001.

- (ii) **To reduce the number of accidental injuries in the home for all ages resulting in an admission to hospital by 30% to 400.0 per 100,000 in 2009.**

Baseline: 571.3 admissions per 100,000 in 2003.

Source: Korner Return KP22; Mid Year Population Estimates.

- (iii) **To reduce the number of home accident injuries for children resulting in an admission to hospital by 20% to 344.0 admissions per 100,000 in 2009.**

Baseline: 430.0 admissions per 100,000 in 2003.

Source: Korner Return KP22; Mid Year Population Estimates.

- (iv) **To reduce the number of injuries resulting in an admission to hospital due to poisonings in the home for all ages by 18% to 50.0 admissions per 100,000 in 2009**

Baseline: 61.3 admissions per 100,000 in 2003.

Source: Korner Return KP22; Mid Year Population Estimates.

- (v) **To reduce the number of falls in older people resulting in an admission to hospital by 25% to 454.3 admissions per 100,000 in 2009.**

Baseline: 605.7 admissions per 100,000 in 2003.

Source: Korner Return KP22; Mid Year Population Estimates.

- (vi) **To reduce the number of injuries from accidental fires for all ages by 10% to 145 injuries in 2009.**

Baseline: 161 injuries in 2002/03.

Source: Fire Authority for Northern Ireland.

TAKING THE STRATEGY FORWARD

2.11 The Strategy comprises a number of actions grouped under four areas, which will ensure its aim and objectives are met.

- (a) Policy development**
- (b) Improving awareness**
- (c) Improving training**
- (d) Accident information**

2.12 **Chapter 3** sets out for each of these areas, the action to be taken, initial target dates and the main partners.

CHAPTER 3 ACTION PLAN

CHAPTER 3

ACTION PLAN

Policy Development

- 3.1 Accidents in the home are influenced by behavioural, social factors and environmental hazards, and in some cases, social and economic circumstances. Although much good work is already underway a considerable amount of this effort tends to be fragmented and ad hoc rather than part of comprehensive policies and programmes.
- 3.2 For example, there are many schemes across Northern Ireland to prevent home accidents including various risk assessment tools in relation to falls in older people and adaptations/equipment for disabled and older people. However, the assessments tend to vary depending on the focus of the profession involved. Some include personal factors which can cause falls such as medication, mobility, footwear or eyesight, while others include environmental factors such as the use of stairs, lighting, trailing flexes etc.. and the presence of grab rails or a second handrail etc. Partnership working across all sectors combining expertise and resources would enable a comprehensive and co-ordinated assessment resulting in more effective home accident intervention.
- 3.3 Research shows that good home safety visits can reduce home accidents to children by up to 26%¹⁰. These usually involve a home safety audit and if necessary referral to relevant agencies for small improvements or for safety equipment. The quality and therefore the value of these schemes vary depending on the experience/skills of the key person, their training, the checking tools being used, the use of the information gleaned and available funds.
- 3.4 It is important to promote Home Accident Prevention from an early age. The Education Sector can make an important contribution towards reducing home accidents in children and young people. For example, during key stage 1, 2 and 3 simple messages can be taught to children who often take the message home and ensure behaviour is modified to safe behaviour. Dramas staged in areas of social disadvantage and targeted at 3-6 year olds and their carers have raised awareness of the causes and prevention of the dangers of household poisons by 76%¹¹.
- 3.5 In addition LASER (Learning About Safety by Experiencing Risk) schemes, which are known by a variety of names such as Streetsmart, BeeWise or Streetwise, are interactive interventions on safety related issues that provide an excellent series of scenarios. There is evidence that this sort of experiential learning where children are able to experience risky situations first hand and learn how to deal with them in a controlled and supervised environment is an effective way to raise awareness¹².

3.6 To support home accident prevention the following actions are to be taken forward:

Action 1

The **Department of Health, Social Services and Public Safety (DHSSPS)** will establish a multi-agency Home Accident Prevention Strategy Implementation Group to manage the implementation of the Home Accident Prevention Strategy.

Target date: February 2005

Action 2

The **Home Accident Prevention Strategy Implementation Group** will report progress on implementation of the Strategy to the **Ministerial Group on Public Health (MGPH)**.

Target date: Annually

Action 3

The **Investing for Health Partnerships**, together with **Health and Social Services (HSS) Boards** and **local councils**, will review home accident prevention roles within their areas and develop programmes to reduce injuries and deaths by raising awareness and implementing home accident prevention interventions with particular focus on those most at risk.

Target date: March 2006

Action 4

The **Department of Education (DE)** will ask the **Council for the Curriculum, Examinations and Assessment (CCEA)** to develop guidance for the teaching of home accident prevention which would be taught to school age children through a range of subject areas in the curriculum.

Target date: September 2005

Action 5

Local councils, in exercising their discretionary powers to promote safety in the home, will have regard to the Home Accident Prevention Strategy and the policies and programmes developed by the Investing for Health Partnerships.

Target date: Ongoing.

Action 6

The **Northern Ireland Housing Executive (NIHE)**, in partnership with the **voluntary** and **community sectors** will address home safety issues by identifying tenants at risk and by taking appropriate action to control risk, for example by fitting grab rails/ hand rails (bathrooms/ stairs), poison cabinets in kitchens and hard wired smoke alarms.

Target date: September 2005

Improving Awareness

3.7 Behaviour is the main factor in home accidents and so changing to safe behaviour is crucial to reducing such accidents. While many individuals and organisations have made a real contribution to home accident prevention, much still remains to be done to raise awareness that accidents are linked to behaviour, product design and environment and to change the perception that accidents don't 'just happen'.

3.8 As outlined in paragraph 3.2 adaptations can be made to a home and equipment made available to reduce the risk of accidents e.g. handrails, smoke alarms etc. However, many older

people and people who acquire a disability are not aware of the available help and support.

- 3.9 Accidental poisoning in children is also preventable. The numbers of poisonings dropped dramatically following the introduction of child resistant closure guidelines. However, the tendency to continue to store poisonous substances under the kitchen sink and the lack of lockable kitchen storage results in many children still being poisoned. Clearly this is an area where behaviour could be changed. In addition, children whose homes are working farms are particularly at risk of home accidents including poisoning and there is a need to develop focused interventions.

- 3.10 The Northern Ireland Fire Brigade (NIFB) plays a vital role in raising awareness and prevention of fires in the home. It is working with local Home Accident Prevention Groups and local councils to provide smoke alarms in targeted "at risk" areas. The Fire Brigade's "Ban the Pan" campaign is another example of where behaviour has been changed. This campaign raised awareness of the dangers of chip pan fires and resulted in a consumer shift towards thermostatically controlled deep fat fryers.

- 3.11 If behaviour is to be changed it is important that preventative action should continue through the further development of sustained

public information and education initiatives taking account of the priority and vulnerable groups, main causes of accidents and environmental issues such as house layout, design and building regulations.

Action 7

DHSSPS in partnership with the **Health Promotion Agency for Northern Ireland (HPANI)**, **HSS Boards and Trusts**, **local councils**, and the **voluntary and community sectors** will develop a public information campaign to raise awareness of home accident prevention taking account of the particular needs of those most at risk including those with a disability or from a black and minority ethnic background.
Target date: September 2006

Action 8

The **Department of Enterprise, Trade and Investment (DETI)**, through the **Health and Safety Executive for Northern Ireland (HSENI)**, will deliver a campaign entitled "Be Aware Kids" which will focus on the safety of children living on or near farm premises.
Target date: March 2007

Action 9

The **NIFB** will continue to deliver 12 fire safety messages to the public, and further develop public information campaigns taking into account the particular needs of vulnerable groups including those with a disability or from a black and minority ethnic background.
Target date: Annually

Action 10

The NIFB will develop partnerships with **local Home Accident Prevention Groups** and other community groups to provide active campaigns for community fire safety.

Target date: September 2005

Improving Training

3.12 Those working in a hospital or home setting are well placed to offer advice on the prevention of home accidents e.g. during home assessments and home visits. It is essential that tailored training is made available to all professional staff and volunteers in key roles on a continuous basis. Such training should cover risk assessment, effective interventions, child safety, older people's safety and home safety audit. There is also a need for information on training to be disseminated across all relevant networks.

3.13 *Investing for Health* highlights the role of local communities in reducing health inequalities through the provision of services, information and support within their own localities. Training and support must be made available to ensure they are in a position to identify needs and make an effective contribution towards the prevention of home accidents.

Action 11

DHSSPS in partnership with **HSS Boards and Trusts, HPANI, local councils and the voluntary and community sectors**

will develop a regionally coordinated programme of home safety training, taking account of the particular needs of vulnerable groups, for all those with a contribution to make.

Target date: September 2006

Accident Information

3.14 Information on accidents is collated by HSS Trusts through a variety of mechanisms. Accident & Emergency (A&E) Departments and Minor Injuries Units use a number of operational systems such as the Northern Ireland Regional Accident & Emergency System (NIRAES), the Patient Administration System (PAS) and other commercially available software packages. Regionally the DHSSPS collects summary information using an aggregated data collection (KP22); information is also available on patients who are admitted to hospital for a period exceeding 24 hours from the Hospital Inpatients System (HIS). However there is a clear need for consistent and detailed information at a regional level, identifying the causes of home accidents and the injuries they result in.

Action 12

DHSSPS in partnership with **HSS Boards and Trusts** will work together to implement modifications to Accident & Emergency (A&E) systems to gather additional Home Accident information.

Target date: April 2006

Action 13

DHSSPS in partnership with the **HSS Boards and Trusts** and the **voluntary sector** will agree a Minimum Data Set for the collection of data relating to Home Accidents, by IT systems in A&E Departments and Minor Injuries Units.

Target dates: Minimum Data Set to be agreed by December 2004

Data Collection to be piloted in at least one Trust by April 2005

Data Collection to be implemented fully by April 2006

Action 14

DHSSPS in partnership with **HSS Boards and Trusts** will develop a central service for the collection, analysis and interpretation, and dissemination of home accident data.

Target date: April 2006

CHAPTER 4 MAKING IT HAPPEN

CHAPTER 4

MAKING IT HAPPEN

Introduction

- 4.1 It will take time and partnership working between Government departments, statutory, voluntary and community organisations in a variety of settings to achieve the aim of this Strategy and Action Plan. If the objectives outlined in Chapter 2 are to be met, it is essential that structures are in place to oversee the programme of action. The Action Plan's success will also require sufficient resources and systematic arrangements for monitoring and accountability.

Managing the Action Plan

- 4.2 The Ministerial Group on Public Health (MGPH) will be responsible for the overall monitoring of the Strategy and Action Plan. A multi-agency Implementation Group will be established to oversee and drive forward the actions outlined in Chapter 3. The Implementation Group will report progress to the MGPH annually. The Strategy will be reviewed after five years.

Research

- 4.3 The Implementation Group will wish to consider the need for additional research to help monitor and evaluate progress. This could include research on home accidents treated in primary care, interventions to prevent home accidents and subsequent evaluation, interventions specifically aimed at preventing home accidents amongst those most

disadvantaged, and drawing comparisons with other countries.

Resources

- 4.4 The Department of Health, Social Services and Public Safety will make £100,000 available in the first year to implement the Strategy and Action Plan with continued support over the five year lifespan.

Roles and Responsibilities

- 4.5 The implementation of the Home Accident Prevention Strategy and Action Plan requires input from a variety of organisations, agencies and individuals ranging from Government departments, statutory bodies and the voluntary and community sector, local communities and each person taking responsibility in their own home. **Annex 2** details the roles and responsibilities of the main organisations.

ANNEX 1 EQUALITY IMPACT ASSESSMENT

ANNEX 1

EQUALITY IMPACT ASSESSMENT

1. Introduction

Northern Ireland Act 1998

1.1 Section 75 of the Northern Ireland Act 1998 requires the Department of Health, Social Services and Public Safety (DHSSPS) in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity-

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

1.2 In addition, without prejudice to the above obligation, DHSSPS should also, in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

2. Aim of the Strategy and Action Plan

2.1 Accidents in the home are a major cause of death and injury. Chapter 1 of this Strategy and Action Plan sets out the extent of the problem, the types of home accidents, and the health and economic cost implications for the individual and the population.

2.2 The Strategy and Action Plan aims to facilitate a reduction in the number of accidental deaths and injuries in the home by raising awareness of home safety, promoting a change in attitudes and behaviour towards home accident prevention and ensuring that those with a contribution to make are aware, knowledgeable, and skilled to implement effective home accident prevention interventions.

2.3 Action to achieve the aim of the Strategy and Action Plan will include the development of programmes in home accident prevention, raising public awareness of home safety matters through public information campaigns, improvements in the training made available for those with a contribution to make in the promotion of safety in the home and improvements in information relating to home accidents.

2.4 The Strategy and Action Plan has been defined by DHSSPS. It will be implemented by DHSSPS in conjunction with other Government departments, statutory bodies and voluntary and community groups.

2.5 Implementation of the Action Plan should achieve a reduction in the number of accidents occurring in the home, with an outcome reduction in the number of accidental injuries and deaths.

3. Groups affected by the Policy

3.1 The policy will affect the health and wellbeing of the population in general. It will therefore affect all the Groups listed in 1.1.

4. Consideration of Available Data and Research

4.1 Deaths due to home accidents.
Source: General Register Office - Tables 1 – 3 and Figure 1.

Table 1. Gender

	2001	2000	1999	1998	1997
Male	21	46	81	69	62
Female	18	29	56	22	34

Figure 1. Age and gender, 1997 – 2001

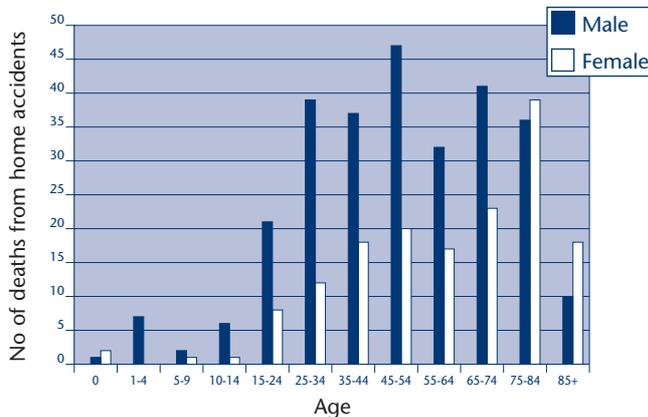


Table 3. Marital status, 1997-2001

Sex	Single	Married	Widowed	Divorced	All
M	44%	35%	13%	8%	100%
F	28%	33%	31%	7%	100%

More males than females have died as a result of home accidents, consistently over the last few years. In almost every age group there are more male deaths due to home accidents. In age groups 1-4 to 45-54, male deaths are more than twice as common as female deaths. In the elderly age groups over 75, more women than men die from home accidents but this reversal of the trend can be explained by the predominance of women in this section of the population (Figure 1).

For men, the number of deaths rises sharply after the 10-14 age group and continues to be high throughout all the remaining age groups. With women, the rise is more gradual but the number of deaths in the 75-84 age group is noticeably higher than all other ages. The number of deaths due to falls among females aged 75-84 was three times the corresponding

Table 2. Age, gender and cause of death, 1997-2001

Cause of Death	Sex	All Ages	0	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Falls	M	100	0	0	0	0	3	7	12	20	15	23	15	5
	F	52	0	0	0	0	1	1	3	4	5	7	22	9
Poisonings	M	64	0	0	0	1	12	16	12	11	7	2	3	0
	F	37	0	0	0	1	3	5	8	5	8	6	1	0
Fires & Burns	M	45	0	3	2	1	2	5	6	7	6	6	5	2
	F	35	1	0	1	0	3	3	2	7	3	4	8	3
Other	M	70	1	4	0	4	4	11	7	9	3	11	13	3
	F	35	1	0	0	0	1	3	5	4	1	6	8	6
Total	M	279	1	7	2	6	21	39	37	47	31	42	36	10
	F	159	2	0	1	1	8	12	18	20	17	23	39	18

figure for the 65-74 age group (Table 2).

Less married people died as a result of a home accident than single, widowed and divorced people which might suggest people living with others or having regular visitors are less at risk of having a serious accident and not being able to contact emergency services.

Information is not collected in relation to deaths on sexual orientation, religion, political opinion, racial group, disability or on persons with or without dependants.

4.2 Admissions to Northern Ireland Hospitals Staying at least one night as a result of a home accident.

Source: Korner aggregate return KP22, DHSSPS, 2000 - Tables 4 and 5.

Table 4. Gender

	Male	Female	Total
Falls	1188	2094	3282
Burns	74	47	121
Scalds	16	11	27
Poisoning	601	759	1360
Others	1884	2368	4252
Totals	3763	5279	9042

Table 5. Age

	0-15	16-64	65+	Total
Falls	673	711	1898	3282
Burns	38	57	26	121
Scalds	14	7	6	27
Poisoning	171	1140	49	1360
Others	863	1935	1454	4252
Totals	1759	3850	3433	9042

Information is not available in relation to hospital admissions resulting from a home accident on marital status, sexual orientation, religion, political opinion, racial group, disability or on persons with or without dependants.

4.3 Attendances at Accident and Emergency Departments as a result of a home accident.

Source: Accident and Emergency Survey 2001.

Figure 2. Age

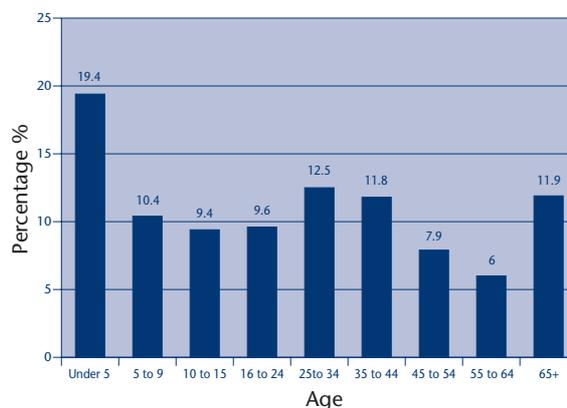
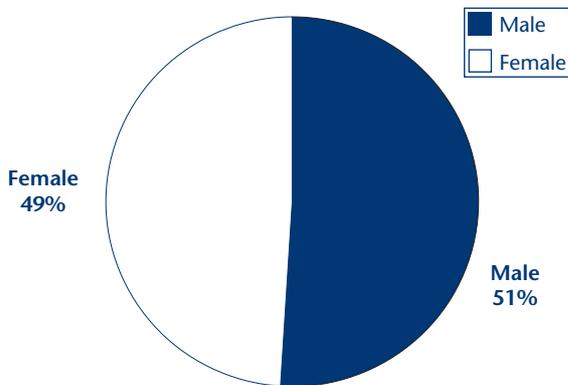


Figure 3. Gender



39% of home accidents involved children aged 0-15 years and 12% of home accidents involved those aged 65 years or over.

Information is not available in relation to home accidents treated in Accident & Emergency Departments on marital status, sexual orientation, religion, political opinion, racial group, disability, or on persons with or without dependants.

4.4 Fatalities from accidental dwelling fires.

Source: Community Fire Safety Department, Northern Ireland Fire Brigade - Tables 6 and 7.

Table 6. Age

	0-4	5-15	16-64	65+	Total
2000	1	0	7	6	14
2001	3	1	5	5	14

Table 7. Gender

	Male	Female	Total
2000	12	2	14
2001	10	4	14

The figures are too small to be conclusive but appear to show that about 40% of deaths were people aged 65 or over. There were more male than female fatalities in 2000 and 2001 due to accidental dwelling fires.

Information is not available in relation to fatalities from accidental dwelling fires on marital status, sexual orientation, religion, political opinion, racial group, disability, or on persons with or without dependants.

4.5 Source: A Package for the Future. The report of a seminar looking at ways of improving the health of Travellers. Ginney, P., Warren, N., Leeson, P. 1993

Accidents (all types) are highlighted as one of the main causes of high mortality rates in Travellers.

4.6 Source: Home Accident Surveillance System (HASS) 23rd Annual Report 1999 data. (UK data including representation from Northern Ireland).

Prevalence of home accidents by age/gender

- More accidents in the older age groups involve females rather than males (largely because females live longer).
- For children under 15, boys have more accidents than girls.
- In boys under-five years of age, the accident rate for burns is more than five times that for boys aged 5-14 years of age.

- The accident rates for falls in girls under-five years and in women over 75 is similar, approximately 6,000 per 100,000 population.
- The accident rate for falls in boys under-five years is 8,000 per 100,000 population, compared to nearly 4,000 per 100,000 population in men aged over 75 years.

4.7 There is limited information available on accidents with regard to Section 75 groups and in particular disability or racial group. However, discussions with the voluntary sector have highlighted the following issues:

Disability

- access to information e.g. limited knowledge of availability/type of equipment for the home to reduce accidents, particularly those people who acquire a disability;
- access to services e.g. length of time waiting for OT assessment, home adaptations, receipt of grant;
- accessibility of information on labelling of equipment, medicines etc.

Racial Group

- accessibility of information relating to home accidents, labelling of equipment, medicines etc;

5. Assessment of Impact

5.1 The policy aims to reduce the number of accidental deaths and

injuries in the home.

5.2 Consideration of the data in paragraph 4 indicates that:

- more males than females died from home accidents;
- more males died as a result of a fall in the home than females;
- more males died from an accidental dwelling fire than females;
- more single, widowed and divorced people died as a result of a home accident than married people;
- older people are most at risk from a fatal fall in the home;
- females aged over 75 years were more likely to die from a fall in the home than those females aged 65-74 years;
- females are more likely to be hospitalised as a result of a home accident than males;
- there is a higher prevalence of home accidents in those under-15 years of age, with those under-five years most at risk.

5.3 The information available suggests that of the categories listed in 1.1, the groups most likely to be affected by the Strategy and Action Plan are age, gender and marital status. No information is available on home accidents by religion, dependants, disability, political opinion, ethnic minority or sexual orientation, however, discussion with voluntary organisations suggests that the Strategy will also affect people with a disability and those from a black and ethnic minority background.

- 5.4 In developing the Strategy and Action Plan the Working Group recognised that age, gender and social disadvantage are associated with home accident rates. Although there is limited information on home accident prevalence here within the Section 75 groups, the Working Group also recognised that people from a black and minority ethnic background and people with a disability have particular requirements in accessing information, advice and services.
- 5.5 The specific actions contained in the Strategy and Action Plan have been developed with a view to reducing the number of home accidents across the population and it is the Department's view that they should not have an adverse impact on any of the groups. The actions should promote equality of opportunity by ensuring that education initiatives and public information campaigns are developed taking into account the specific needs of vulnerable groups; and that professionals and others with a contribution to make in the prevention of home accidents receive relevant training and are aware of the particular needs of different groups.
- an annual basis to the Ministerial Group on Public Health.

6. Monitoring of impact of policy

- 6.1 An Implementation Group is to be established to take forward the Strategy and Action Plan. This group will advise on a research programme and report progress on

ANNEX 2 ROLES AND RESPONSIBILITIES OF ORGANISATIONS

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ROLES AND RESPONSIBILITIES OF ORGANISATIONS

- 1.1 The **Department of Health, Social Services & Public Safety (DHSSPS)** is responsible for the health and wellbeing of the population and therefore has a key role to play in delivering the aims of the Strategy and Action Plan. The Minister for DHSSPS chairs the Ministerial Group on Public Health (MGPH), which comprises senior officials from all departments. MGPH is responsible for co-ordinating and monitoring the implementation of the Investing for Health Strategy, including the Home Accident Prevention Strategy and Action Plan. Departmental representatives on MGPH will be responsible for monitoring the progress of the bodies for which they are responsible.
- 1.2 The **Health and Personal Social Services (HPSS)** – has a key role in developing home accident prevention programmes. This involves collaboration between HSS Boards, Trusts and primary care, as well as the voluntary and community sectors. In recognition of the multi-sectoral approach required to effect improvement in health, HSS Boards have established **Investing for Health Partnerships**.
- 1.3 The **Investing for Health Partnerships** comprise the key voluntary, community and statutory organisations in the local area. Within the statutory sector, **local councils, Housing Executive, Education and Library Boards and HSS Boards & Trusts** will all be included. Beyond these core members, the composition of the Partnerships will be determined locally, and is likely to evolve over time. These multi-sectoral partnerships will ensure that action to improve health is properly co-ordinated and that a long-term cross-sectoral plan is developed to improve the health and wellbeing of the population in line with the *Investing for Health Strategy*.
- 1.4 **The Health Promotion Agency** – has a regional responsibility for health promotion. It will work closely with DHSSPS, the HPSS and others in developing its contribution in the prevention of home accidents.
- 1.5 **The Fire Authority for Northern Ireland** – is responsible for creating a safer environment for society by providing an effective fire fighting, rescue and fire safety service, through the NIFB. Its Fire Safety department aims to reduce the number of deaths and serious injuries caused by fire and increase fire awareness education.
- 1.6 **The Department of Education** – is responsible for securing the place of health education in schools and in the Youth Service. Health education is currently a cross-curricular theme for all pupils up to age 16. The statutory curriculum has been reviewed and proposals have been accepted for a revised curriculum. The position of health education will be given greater focus in the revised curriculum, which is targeted for implementation

- from September 2006.
- 1.7 **Education & Library Boards** - are responsible for ensuring the delivery of health education across all sectors from early years to post-16s and in the youth service from age 8 to age 25.
 - 1.8 **Department of Employment and Learning** funding for Further Education Colleges and Higher Education establishments supports the initial professional education of health and social care professionals. Further and Higher Education establishments also have a responsibility for the continuous professional development of those practising in the health and social care profession.
 - 1.9 **The Health and Safety Executive for Northern Ireland** – is an Executive Non-Departmental Public Body, sponsored by the **Department of Enterprise, Trade and Investment**. It is the lead body responsible for the promotion and enforcement of health and safety at work standards in workplaces, including home-working environments such as farms.
 - 1.10 **The Department of Environment** – is responsible for a range of legislative provisions that are implemented by district councils. The Local Government (Miscellaneous Provisions) (NI) Order 1992 enables councils to promote and contribute to the promotion of safety in the home.
 - 1.11 **Local Councils** – have many statutory functions bearing directly on health, and quality of life. These include, amongst others, environmental health, consumer protection and building control. These functions can specifically impact on the prevention of home accidents.
 - 1.12 **The Northern Ireland Housing Executive (NIHE)** – is the regional housing authority with responsibility to assess housing needs and to ensure that housing programmes are targeted at those individuals and areas in greatest need. NIHE aims to improve housing conditions across tenures and promote high standards of housing design.
 - 1.13 **The Voluntary Sector** – can do much to promote a change in the perception and behaviour in home accident prevention. For example, highlighting the dangers in the home and ways to prevent home accidents. Organisations such as the Royal Society for the Prevention of Accidents and Home Accident Prevention NI have experience in this area and can provide practical help to those seeking advice on home accident prevention.
 - 1.14 **The Community Sector** – Local communities have an important role to play in reducing health inequalities by providing services, support, information and advice within their own localities.

ANNEX 3 USEFUL CONTACTS

ANNEX 3

USEFUL CONTACTS

Government Departments and Agencies

Department of Health, Social Services
and Public Safety
Health Promotion Team
Block C4
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ
Tel: 028 9052 0500
(www.dhsspsni.gov.uk)

Department of Enterprise, Trade and
Investment
Netherleigh House
Massey Avenue
BELFAST
BT4 2JP
Tel: 028 9052 9900
(www.detini.gov.uk)

Council for the Curriculum,
Examinations and Assessments (CCEA)
Clarendon Dock
29 Clarendon Road
Belfast
BT1 3BG
Tel: 028 9026 1200
(www.ccea.org.uk)

Health Promotion Agency for
Northern Ireland
18 Ormeau Avenue
BELFAST
BT2 8HS
Tel: 028 9031 1611
(www.healthpromotionagency.org.uk)

Department of Education
Curriculum & Assessment Branch
Rathgael House
Balloo Road
BANGOR
BT19 7PR
Tel: 028 9127 9279
(www.deni.gov.uk)

Department of the Environment
Clarence Court
10-18 Adelaide Street
BELFAST
BT2 8GB
Tel: 028 9054 0540
(www.doeni.gov.uk)

Health & Safety Executive for
Northern Ireland
83 Ladas Drive
BELFAST
BT6 9FR
Tel: 028 9024 3249
(www.hseni.gov.uk)

Health and Social Services Boards

Northern Health & Social Services Board
Health Promotion Service
Homefirst Community Trust
Spruce House
Braid Valley Hospital Site
Cushendall Road
BALLYMENA
BT43 6HL
Tel: 028 2563 5575
(www.nhssb.n-i.nhs.uk)

Southern Health & Social Services Board
Health Promotion Department
Ward 1
St Luke's Hospital
Loughgall Road
ARMAGH
BT61 7HW
Tel: 028 3752 0500
(www.goodhealthinfo.org.uk)

Eastern Health & Social Services Board
Health Promotion Unit
12-22 Linenhall Street
BELFAST
BT2 8BS
Tel: 028 9055 3704
(www.ehssb.n-i.nhs.uk)

Western Health & Social Services Board
Health Promotion Unit
12c Gransha Park
LONDONDERRY
BT47 6WJ
Tel: 028 7186 5127
(www.whssb.org)

Health and Social Services Trusts

Altnagelvin Hospitals HSS Trust
Altnagelvin Area Hospital
Glenshane Road
Londonderry
BT47 1SB
(www.altmagelvin.n-i.nhs.uk)

Armagh and Dungannon HSS Trust
St Luke's Hospital
Loughgall Road
Armagh
BT61 9AR
(www.adhsst.n-i.nhs.uk)

Belfast City Hospital HSS Trust
51 Lisburn Road
Belfast
BT9 7AB
(www.n-i.nhs.uk/trusts/bch)

Causeway HSS Trust
8E Coleraine Road
Ballymoney
BT53 6BP
(www.chsst.n-i.nhs.uk)

Craigavon Area Hospital Group HSS Trust
68 Lurgan Road
Portadown
Craigavon
BT63 5QQ
(www.n-i.nhs.uk/cahgt)

Down Lisburn HSS Trust
Lisburn Health Centre
25 Linenhall Street
Lisburn
BT28 1BH
(www.dlt.n-i.nhs.uk)

Green Park HSS Trust
20 Stockman's Lane
Belfast
BT9 7JB
(www.greenpark.n-i.nhs.uk)

Mater Infirmorum Hospital HSS Trust
Crumlin Road
Belfast
BT14 6AB
(www.n-i.nhs.uk/mater)

Ulster Community and Hospitals
HSS Trust
23-25 Regent Street
Newtownards
BT23 4AD
(www.ucht.n-i.nhs.uk)

Newry and Mourne HSS Trust
5 Downshire Place
Newry
BT34 1DZ
(www.n-i.nhs.uk/trusts/newry)

Northern Ireland Ambulance
Service HSS Trust
Ambulance Headquarters
12/22 Linenhall Street
Belfast
BT2 8BS
(www.niamb.co.uk)

Royal Group of Hospitals and Dental
Hospital HSS Trust
274 Grosvenor Road
Belfast
BT12 6BP
(www.royalhospitals.org)

Sperrin Lakeland HSS Trust
Strathdene House
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS
(www.sperrin-lakeland.org)

Homefirst Community Unit
The Cottage
5 Greenmount Avenue
Ballymena
Co Antrim
BT43 6DA
(www.homefirst.n-i.nhs.uk)

North and West Belfast HSS Trust
Glendinning House
6 Murray Street
Belfast
BT1 6DP
(www.nwbts.org.uk)

South and East Belfast HSS Trust
Trust Headquarters
Knockbracken Healthcare Park
31 Saintfield Road
Belfast
BT8 8BH
(www.sebt.n-i.nhs.uk)

Craigavon and Banbridge Community
HSS Trust
Bannvale House
Moyallen Road
Gilford
BT63 5JX
(www.n-i.nhs.uk/trusts/cbc)

Foyle HSS Trust
Riverview House
Abercorn Road
Londonderry
BT48 6SA
(www.foyletrust.org)

United Hospitals HSS Trust
Antrim Area Hospital
Bush House
Antrim
BT41 2RL
(www.unitedhospitals.org)

Local Councils

Antrim Borough Council
The Steeple
Steeple Hill
Antrim
BT41 1BJ
(www.antrim.gov.uk)

Ards Borough Council
2 Church Street
Newtownards
BT23 4AP
(www.ards-council.gov.uk)

Armagh City & District Council
The Palace Demesne
Armagh
BT60 4EL
(www.armagh.gov.uk)

Ballymena Borough Council
'Ardeevin'
80 Galgorm Road
Ballymena
BT42 1AB
(www.ballymena.gov.uk)

Ballymoney Borough Council
Riada House
14 Charles Street
Ballymoney
BT53 6DZ
(www.ballymoney.gov.uk)

Banbridge District Council
Civic Building
Downshire Road
Banbridge
BT32 3JY
(www.banbridgedc.gov.uk)

Belfast City Council
City Hall
Belfast
BT1 5GS
(www.belfastcity.gov.uk)

Carrickfergus Borough Council
Town Hall
Joymount
Carrickfergus
BT38 7DL
(www.carrickfergus.org)

Castlereagh Borough Council
Civic & Administrative Offices
Bradford Court
Upper Galwally
Belfast
BT8 6RB
(www.castlereagh.gov.uk)

Coleraine Borough Council
Cloonavin
60 Portstewart Road
Coleraine
BT52 1EY
(www.colerainebc.gov.uk)

Cookstown District Council
Burn Road
Cookstown
BT80 8DT
(www.cookstown.gov.uk)

Craigavon Borough Council
Civic Centre
PO Box 66
Lakeview Road
Craigavon
BT64 1AL
(www.craigavon.gov.uk)

Derry City Council
Council Offices
98 Strand Road
Londonderry
BT48 9NN
(www.derrycity.gov.uk)

Down District Council
24 Strangford Road
Downpatrick
BT30 6SR
(www.downdc.gov.uk)

Dungannon & South Tyrone
Borough Council
Circular Road
Dungannon
BT71 6DT
(www.dungannon.gov.uk)

Fermanagh District Council
Town Hall
Enniskillen
Co Fermanagh
BT74 7BA
(www.fermanagh-online.com)

Larne Borough Council
Smiley Buildings
Victoria Road
Larne
BT40 1RU
(www.larne.gov.uk)

Limavady Borough Council
Council Offices
7 Connell Street
Limavady
BT49 0EA
(www.limavady.gov.uk)

Lisburn City Council
Island Civic Centre
The Island
Lisburn
BT27 4RL
(www.lisburn.gov.uk)

Magherafelt District Council
Council Offices
50 Ballyronan Road
Magherafelt
BT45 6EN
(www.magherafelt.gov.uk)

Moyle District Council
Sheskburn House
7 Mary Street
Ballycastle
BT54 6QH
(www.moyle-council.org)

Newry & Mourne District Council
Monaghan Row
Newry
BT35 8DJ
(www.newryandmourne.gov.uk)

Newtownabbey Borough Council
Mossley Mill
Carnmoney Road North
Newtownabbey
BT36 5QA
(www.newtownabbey.gov.uk)

North Down Borough Council
Town Hall
The Castle
Bangor
BT20 4BT
(www.north-down.gov.uk)

Omagh District Council
The Grange
Mountjoy Road
Omagh
BT79 7BL
(www.omagh.gov.uk)

Strabane District Council
Derry Road
Strabane
BT82 8DY
(www.strabanedc.com)

Voluntary Organisations

Royal Society for the Prevention
of Accidents (RoSPA)

Nella House

Dargan Crescent

BELFAST

BT3 9JP

Tel: 028 9050 1161

(www.rospa.com)

Home Accident Prevention
Northern Ireland (HAPNI)

RoSPA Office

Nella House

Dargan Crescent

BELFAST

BT3 9JP

Tel: 028 9050 1160

(www.rospa.com)

REFERENCES

REFERENCES

1. Royal Society for the Prevention of Accidents. Home Safety Factsheet. Available from: <http://www.rosopa.co.uk>.
2. The Annual Report of the Registrar General. The Northern Ireland Statistics and Research Agency (NISRA) 2000.
3. Accident and Emergency Survey. Pricewaterhouse Coopers for Department of Health, Social Services and Public Safety 2001.
4. "Towards a Primary Care Strategy for Falls and Osteoporosis". North & West Belfast Fall Support Programme Evaluation Report March 2002.
5. Source: derived from the Department of Health, Social Services and Public Safety. Korner Aggregate Return KP22, 2000/01.
6. Roberts, I. et al. Childhood Injuries: extent of the problem, epidemiological trends, and costs. *Injury Prevention* 1998; 4 (suppl):S10-S16.
7. Acheson, D.(Chairman). Independent Inquiry into Inequalities in Health Report. London: The Stationery Office, 1998.
8. Department of Trade and Industry. 23rd Annual Report of the Home and Leisure Accident Surveillance System - 1999 data. London. March 2001.
9. Ginney, P. The Health of Travellers. Belfast: Eastern Health and Social Services Board, 1993.
10. Lucas P. Home visiting can substantially reduce childhood injury. What Works for Children Group Evidence Nugget 2003.
11. RoSPA research 2003 by Milward Brown Ulster (following the Preventing Accidental Childhood Poisoning campaign).
12. An evaluation of the lifeskills Learning for Living Programme, Oxford Evaluation Team for HSE 2003 (Research report 2003).



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